SUBPOENA

UNITED STATES OF AMERICA

DEPARTMENT OF LABOR

Pension and Welfare Benefits Administration

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You are hereby required to app	ear before				
of the Pension and Welfare Ber	nefits Administra	tion, U.S.	Department	of Labor, at	
in the City of					
on the day of of an investigation of	19	at	o'clock	m. of that day, to testify in the Matte	r:
<u> </u>	rder to determin	e whether	any person	Income Security Act of 1974 ("ERISA", has violated or is about to violate an	
And you are hereby required to and documents:	bring with you a	nd produce	e at said time	e and place the following books, papers	',
Fail not at your peril.					
CA-BOBATTA	a. ai	nd the sea t	l of the Unit	have hereunto affixed my signature ed States Department of Labor	
STATES OF RE	th	nis da 	ry of	, 19	
			DEC.	CIONAL DIRECTOR	

Return of Service

I hereby certify that the original of the within subpoena was duly served on the person named herein.

(Check method used)				
U in person				
U by certified or registered mail				
other (specify)				
by leaving at principal office or place of business, to wit:				
on				
(Month, day, year)				
(Name of person making service)				
(Official Title)				
Certification of Compliance				
I certify that the person named herein was in attendance as a witness and/or produced the records requested herein at				
On(Month, day, year)				
(Name of person certifying)				
(Official Title)				